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RÉQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/541,017	
Filing Date	Jun 28, 2005	
First Named Inventor	ASCHER, et al	
Art Unit		
Examiner Name		
Attorney Docket Number	32539A	

To: Commissioner for P.O. Box 1450 Alexandria, VA 2						
Please withdraw me as attorney or agent for the above identified patent application, and						
all the attorneys/agents of record.						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or						
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: The reasons for this request are: File Transfer						
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CORRESPONDENCE ADDRESS						
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2. Change the correspondence address and direct all future correspondence to:						
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Firm or Individual Name	D. Peter Hochberg Co., LPA					
Address	1940 East 6th Street, 6th Floor					
City	Cleveland	State OH		Zip 44114-2294		
Country US						
Telephone	(216)771 3800		Email			
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Name John D. Thalle	70		Registration No.	34,940		
Date	May 16, 200	16	Telephone No.	(609) 6278507		
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